

Neither Sound Nor Sight

Bobbi Carr[†]

The wretched parents all that night
Went shouting far and wide;
But there was neither sound nor sight
To serve them for a guide.¹

Within me, cells are multiplying and differentiating into organ groupings. The spinal column of our baby is forming. The little one is only half of an inch long. About the size of a kangaroo in its mother's pouch. Do pregnant kangaroos worry? All that jumping around. Personally, I'm not taking any chances.

Maternal anxiety reduces oxygen to the baby, so I practice "relaxation techniques."² Like an incantation, I repeat positive thoughts and imagine the wholeness of the developing child. "The baby is healthy. . . . The baby is growing more each day. . . . The labor and delivery will be trouble-free. . . . I feel totally at peace with myself and with my baby."

Totally at peace with *you*. Subsequent pregnancies will result in different children. Like fragile snowflakes. No two alike. Surely, you can sense my love, for I am permeated with your presence. Fourteen years of marriage will now be commemorated with life itself.

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I show up for my first prenatal visit. Glowing like the woman on the cover of my newly-acquired pregnancy book, I announce my arrival to the OB/GYN receptionist. A table in the waiting area is overflowing with pregnancy-related

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1. W. WORDSWORTH, *Lucy Gray*, in 2 NORTON'S ANTHOLOGY OF ENGLISH LITERATURE 78 and n.1 (4th ed. 1979). Wordsworth wrote *Lucy Gray* in 1799. The poem is loosely based on an actual incident. The parents search for their young child, lost in a storm that "came on before its time." *Id.* The child drowns; and in Wordsworth's version of the story, the parents never find her body.

2. See THE WELL PREGNANCY BOOK 159 (1986).

magazines. Reach in and pull out the perfect baby of your choice. At home, such a child cooed at me every morning from my magazine rack. The magazine's back cover featured a riot of brightly-colored layette items. The headline challenged, "Do you have what it takes to have a baby?"

Absolutely. Female hormones are coursing through my veins with abandon. My tiny breasts are swelling. Lingerie shopping once with a close friend, I remember the bra she selected for its "attractive shape." Sculpting bosoms. Possible unless your genetic endowment leaves you unendowed. "If she stood sideways and stuck out her tongue, she'd look just like a zipper." "She's so flat-chested, it looks like her head is on backwards." Women as walking breasts. Pathetic. Still, is it wrong to feel pleased that I'm closer to meeting the social norm?

My uterus has enlarged from the size of two abutting thumbs to the size of a plum. My doctor declares this uterine enlargement "appropriate for the eight-week gestational age of the baby." We are alone in a small chalk-white examination room. The walls are bare, except for a few handwritten notices. There is a small sink to my right and an open bookcase filled with medical supplies conveniently placed at the foot of the examining table.

I am part of a great sisterhood of pregnant women, backs laid bare on disposable paper table covers, feet aloft. The doctor's short-cropped dark hair bobs in and out of view between my feet. Her bobbing head rises, and the room resonates with the popping removal of her surgical gloves.

She is petite, thirty-something, and direct. "Do you have any questions?" Well, there was that moment when she pressed rather hard on my uterus, her face a study in concentration. Probably perfectly normal procedure. And she did ask me to make my next appointment in three weeks rather than the usual four "so we can hear the heartbeat, an important landmark in your pregnancy."

I am reluctant to verbalize my fears. Well, the woman cannot be expected to read my mind. "My sister had several miscarriages," I venture.

"Oh, it's very natural to be anxious with a first pregnancy. You just haven't proven to yourself yet that you can carry a baby to term." So, the palpation of my uterus only seemed long and forceful because I am an overly attentive mother-to-be. Fine.

I dress in the examining room with the confidence of one who has a mission. I will "give birth" on or about July 24. Eagerly, I submit to the requisite lab tests. My arm is extended, veins bulging. The nurse collects four vials of my blood. Go for it. There's plenty more where that came from.

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Blood. The warm, velvet blanket lining my womb. Your shelter and source

of nourishment. Part of our shared circulatory system. Bone of my bone. Flesh of my flesh. In blood we are joined. In blood will we part.

The severance of our pilgrimage is silently announced on Christmas Eve with a single dot of blood. Later, a little spotting. A slight flow. Within four days, thickets of bloody tissue cascading from within. The relentless flow of the inexorable. Torrents now. Blood flooding my sanitary napkin and soaking my jeans.

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I go to the OB/GYN clinic as soon as I see that tiny drop of blood. Did you see that giant swab at my "raw" cervix? Clowns wearing giant sunglasses. Grossly disproportionate. Like the consequences of that tiny drop of blood. Cosmic clowning.

The sounds of the ocean roar from my abdomen. Loud static like a television signal too far away to transmit anything but a snowy screen. Tense minutes pass. I strain to hear your heartbeat. More roaring. More static. No regular rhythm of life. I am sent to the hospital for "diagnostic imaging."³

The room is dimly lit. Like a dinner theater as the curtain rises. One may continue dining and still watch the show. The technician is expressionless. "Didn't anyone tell you to have a full bladder for this test?" She's a little irritated. "No, they told me to empty my bladder." Now she's really irritated. Silence. "We could run the test after I drink some water." Tense silence.

"May I see the picture?" No, I may not. The doctor will explain everything I need to know. I wait. Minutes. Time that shoots across the room, inflicting pain unpredictably like the sudden release of an overly taut rubber band. Without preamble, a short young man in a yellow shirt and dark pants walks assertively into the room. He'll get right to the point. He saw "something," but it wasn't a ten-week-old fetus. Too small. "We usually refer to these cases as a blighted ovum."

These cases. I am nurturing a tiny blighted "case." Has he ever diagnosed a blighted sperm case? Or a blighted doctor case? My tomatoes had blight once. I sprayed them with a fungicide. We lost a few tomatoes. We saved many more. But tomato plants don't sue. A point not lost on doctors. Less litigation risks if you just convince the mother it's her fault. Presumptive blight.

But take comfort, dear one. Miscarriages are "very common." Your mother is joined by a small army of women who have passed and will pass through this hell. Frequency engenders medical apathy. This knowledge is

3. Use of high frequency soundwaves can produce a photograph of internal organs or, in this case, of an embryo. TABER'S CYCLOPEDIA MEDICAL DICTIONARY 1507 (14th ed. 1981).

supposed to console me. It is doing a fine job of producing impotent rage.

Your cousin is alive because a doctor injected my pregnant sister with progesterone. He weighed the odds of prolonging my sister's threatened miscarriage against the possibility of saving her baby. He decided to risk life. Your doctor does some weighing of her own. You lose. "We don't administer progesterone prophylactically." No hormone testing either, until I miscarry three times. Minimize medical intervention. Minimize litigation risk. Death is so very common.

We run another ultrasound "to be sure." I crawl atop another table in another dimly-lit room. "Place this in your vagina." It looks like a smooth curling iron. I gingerly comply, reluctant to disturb a "raw" cervix. The viewing screen is immediately to my right. Both doctor and technician peer into the glow.

I am breathless. The health care providers are not. The technician says she sees the baby. "No," yellow shirt says. "It's just her bladder." Let me look. Surely I can distinguish between a baby and a bladder. But in the overwhelming passivity of sudden grief, I say nothing.

The room is cavernous. The doctor turns to me in the half-light of the examining room. "I believe you have an empty amniotic sac." All the gauges and metered knobs and green glowing screens. Not a thing they can or will do on the chance, the mere possibility, that you are alive. You are "too small," or non-existent, or a bladder. Well, I guess if He had wanted us to fly, He'd of given us wings.

Blood tests show my HCG⁴ dropping rapidly. "You will miscarry by the weekend. I'm sorry." The Masque of the Red Death.⁵

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"If it looks like liver, bring it into the clinic in a clean, dry container." I am passing many large clots. John and I inspect each one carefully, illuminating the sticky crimson jelly with a flashlight. We look for veining. We look for any "white or tannish material." More than a week of searching for your remains in the violent flow of blood.

Five days after Christmas, we gently slip one sinewy piece of tissue into

4. Human chorionic gonadotrophin (HCG) prevents menstruation during pregnancy. In a normal pregnancy, the secretion of this hormone reaches a peak seven to nine weeks after ovulation. HCG stimulates the production of large amounts of estrogen and progesterone during early pregnancy. By the twelfth week of pregnancy, the placenta secretes enough estrogen and progesterone to sustain the fetus. The level of HCG tapers off, reaching its lowest value around the sixteenth to twentieth weeks of pregnancy. See A. GUYTON, TEXTBOOK OF MEDICAL PHYSIOLOGY 1026 (1986).

5. *The Masque of the Red Death*, in E. POE, COLLECTED SHORT STORIES OF EDGAR ALLEN POE 142 (1986).

an empty medicine bottle. An odd sort of coffin. You have chosen to exit at midnight. The doctor would be inconvenienced if called at this hour. We place you in the door of the refrigerator for the night.

The next morning, the doctor asks me to describe the refrigerated tissue. She concludes that what we thought was you is only a clot. Your remains will be more substantial. It will look like you've been run through a meat grinder. "Look for hamburger."

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Every few hours, I check for signs of your literal passing. Despite the doctor's reference to substantial size, I am surprised when the next mass seems enormous. A slippery, gelatinous meaty blob. Pure horror crawls through me like a guerrilla at war with my deep maternal love.

The blob wobbles on a bit of toilet paper only a moment before slipping without warning into the empty toilet below. I watch its languid descent to the yawning cavern at the bottom of the bowl. There was no time to look for veiny hamburger. The horror tells me to flush the unbearable sight away. The maternal instinct rushes over me quickly, powerfully. I cannot take the risk of treating my own baby like a bodily secretion. I observe my hand reach in and pluck the tissue from the cold watery depths.

I cannot check for meatiness or tannish spots or veining. John decides. Simply another blood clot.

I am clinging to clots in the rampaging stream of blood. I will find you and pull you out. Dignity is accorded to the dead. We must say a proper goodbye. Moses turned the water into blood in Pharaoh's Egypt. "Let my people go," God commanded. Let go. I am drowning in life's imperatives. Let go.

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Eleven days of searching end in rape. Violent, bloody and terrifying. Strangers in blue uniforms. Like a swarm of sailors on shore leave. Forcing open my cervix. Sharp, shiny little tools aimed at my immobilized body. An offer I can't refuse. I could lose my life if I do not spread my legs. Septicemia. Please forgive me. They say you are dead. I must submit or risk joining you. I am both victim and participant in this rape. Dear little one, can you forgive me?

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I call to inquire about details of the D&C. You have not left me despite torrents of blood. "It's only a ten minute procedure. You know, there are blunt instruments as well as sharp ones. You can breathe through the pain of the curettage." No, I refuse to give death by Lamaze. Apparently, my attitude is unusual. Standard procedure is to provide less pain control than in a dental extraction. Don't tell me anyone just breathes their way through Gehenna.

The next morning, dressed in a "johnny coat," I shiver convulsively as I wait. The attending physician is a woman in her sixties. Lady Macbeth in surgical gloves. I insist on some conscious sedation to blunt the physical pain. Thank God I hold my ground.

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An unannounced clamp placed on my cervix feels like hungry jaws snapping around their prey. Riding through the pain. No way to breathe. The guillotine swish of an air compressor shutting down. Silence. I hear blood chuckle through the tubing of a suction machine designed to tear away the receiving blanket of my womb. Go peacefully or you will be sucked out. Gurgling, drowning. I don't know what they will do with you once you are theirs. Breathe through the pain, the nurse tells me. Big breath in. Let it out slowly.

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An IV drips saline into the back of my hand. An overly large sanitary napkin is pulled tightly against my wound and held in place by a belt with fanged metal clips. Immobile as a rag doll, I am in a bed with a white sheet, a lightweight white blanket, and an ivory chenille bedspread. John places his head on my chest. We grieve openly together. For one fleeting moment, I am not alone in my horror. Two. Three.

John bolts upright. Abruptly pulled away from me. No sound of suction. Bewildered and groggy, I see the doctor still in her pastel blue surgical cap and scrubs. Step right up, ladies and gentlemen. Naked emotion. John quickly closes the show. A flash of his white handkerchief and the culturally mandated male stoicism returns.

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I bleed for three weeks. Sometimes heavily. Mostly not. The continued bleeding seems like punishment. Weakness has its consequences. I do not "have what it takes to have a baby." I have not "proven to myself that I can carry a baby to term."

As the physical signs of pregnancy diminish, my gender identity is shrinking too. Back to my former flat chest and defective ova. If every woman were like me, the race would have died out.

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An OB/GYN clinician calls a week after the D&C. I tell her of my bleeding and the wrenching emotional pain. "You've lost your expectations and dreams." "No, I've lost a deeply wanted child." "It's always difficult losing a pregnancy." She fails to realize that I miss that half-inch of life that was a literal part of me. I miss you. "I stretch out the arms and hands of love to the reality, through all the changeable phantasmagoria of my thoughts, passions and

imaginings. I mustn't sit down content with the phantasmagoria itself and love that"⁶ Not my idea of the baby, but you. The literal loss, not the broken dreams. "If the days get too dark, come into the clinic. We'll discuss some reality." Whose reality, I wonder.

6. C.S. LEWIS, *A GRIEF OBSERVED* 77 (7th ed. 1980).

